

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038637

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 116

FILED OCT 15 1963

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Houston</u>		c. CITY OR TOWN <u>Licking</u>	
Length of stay in 1b <u>4 Day</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Texas Co. Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3 1/2 mi SE of Licking</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>David Malcolm Cameron</u>		4. DATE OF DEATH Month <u>10</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-11-1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Licking Mo</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John Cameron</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Bell</u>	
14. NAME OF HUSBAND OR WIFE <u>Marion Cameron</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT <u>Marion Cameron-Licking Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac + pulmonary arrest</u> DUE TO (b) <u>Cachexia + debilitation</u> DUE TO (c) <u>Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		19. INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of the rt. lung</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>4:30 a.m.</u> Month, Day, Year <u>1962</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Licking Mo</u>		COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>1962</u> to <u>1963</u> and last saw him alive on <u>10-6-63</u> Death occurred at <u>4:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>B J Myrindo</u> (Signee and title)	
22b. ADDRESS <u>Licking Mo</u>		22c. DATE SIGNED <u>10-9-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-9-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Licking Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Licking Mo</u>	
24. FUNERAL DIRECTOR <u>Smith-Ferguson-Licking Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-12-63</u>	
26. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

100 1 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Hubert E. Ferguson

Licensed Embalmer No.

3945

P. O. Address

Leckington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.